

## ADMINISTRATIVE REPORT 1.1 - INDUSTRIAL

### THE FOLLOWING IS REQUIRED FOR NEW AND AMENDMENT APPLICATIONS

#### 1. AFFECTED LANDOWNER INFORMATION (Instructions, Pages 19-20)

a. Indicate by a check mark that the landowners map or drawing, with scale, includes the following, as applicable.

- ☒ The applicant's property boundaries
- ☒ The plant site boundaries within the applicant's property boundaries
- ☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
- ☒ The property boundaries of all landowners surrounding the applicant's property
- ☐ The point(s) of discharge and highlighted discharge route clearly shown for one mile downstream
- ☒ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
- ☒ The property boundaries of the landowners along the watercourse for a ½ mile radius from the point of discharge if the point of discharge is into a lake, bay estuary, or effected by tides
- ☐ The boundaries of the effluent disposal site, all evaporation/holding ponds within the applicant's property
- ☐ The property boundaries of all landowners surrounding the applicant's property boundaries where the effluent disposal site is located
- ☐ The boundaries of the sludge use/disposal/incineration site and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge beneficial site is located
- ☐ The property boundaries of landowners within ½ mile in all directions from the applicant's property boundaries where the sewage sludge disposal incineration site is located

b. Indicate by a check mark which format the landowners list is submitted: ☒ Disk ☐ 4 sets of labels

**Note: SWEPCO owns all property within 1/2 mile in all directions from Outfall 002, along the watercourse.**

c. Indicate by a check mark that the list of landowners is cross-referenced to the landowners map: ☒

Provide the source of the landowner's names and mailing addresses: Land agent for Sabine Mining Co. (AEP)

d. As required by Texas Water Code 5.115, is any permanent school fund land affected by this application?

☐ Yes ☒ No

If yes, provide the location and foreseeable impacts and effects this application has on the land(s):

N/A

#### 2. ORIGINAL PHOTOGRAPHS (Instructions, Page 21)

**See attached photographs and map.**

Provide original ground level photographs. Indicate by checking that the following information is provided:

- ☒ At least one original photograph of the new and/or expanded treatment unit location.
- ☒ At least one original photograph showing the proposed/existing point of discharge and as much area downstream as can be captured on film. If the discharge is to an open waterbody, show as much area on both sides of the point of discharge as can be captured on film.

- ☐ At least one photograph of the existing/proposed effluent disposal site.
- ☒ A plot plan or map showing the location and direction of each photograph.

## **ORIGINAL GROUND LEVEL PHOTOGRAPHS**



**OUTFALL 002 – FACING EAST-SOUTHEAST**



**OUTFALL 004 – FACING SOUTH**



## **ORIGINAL GROUND LEVEL PHOTOGRAPHS**

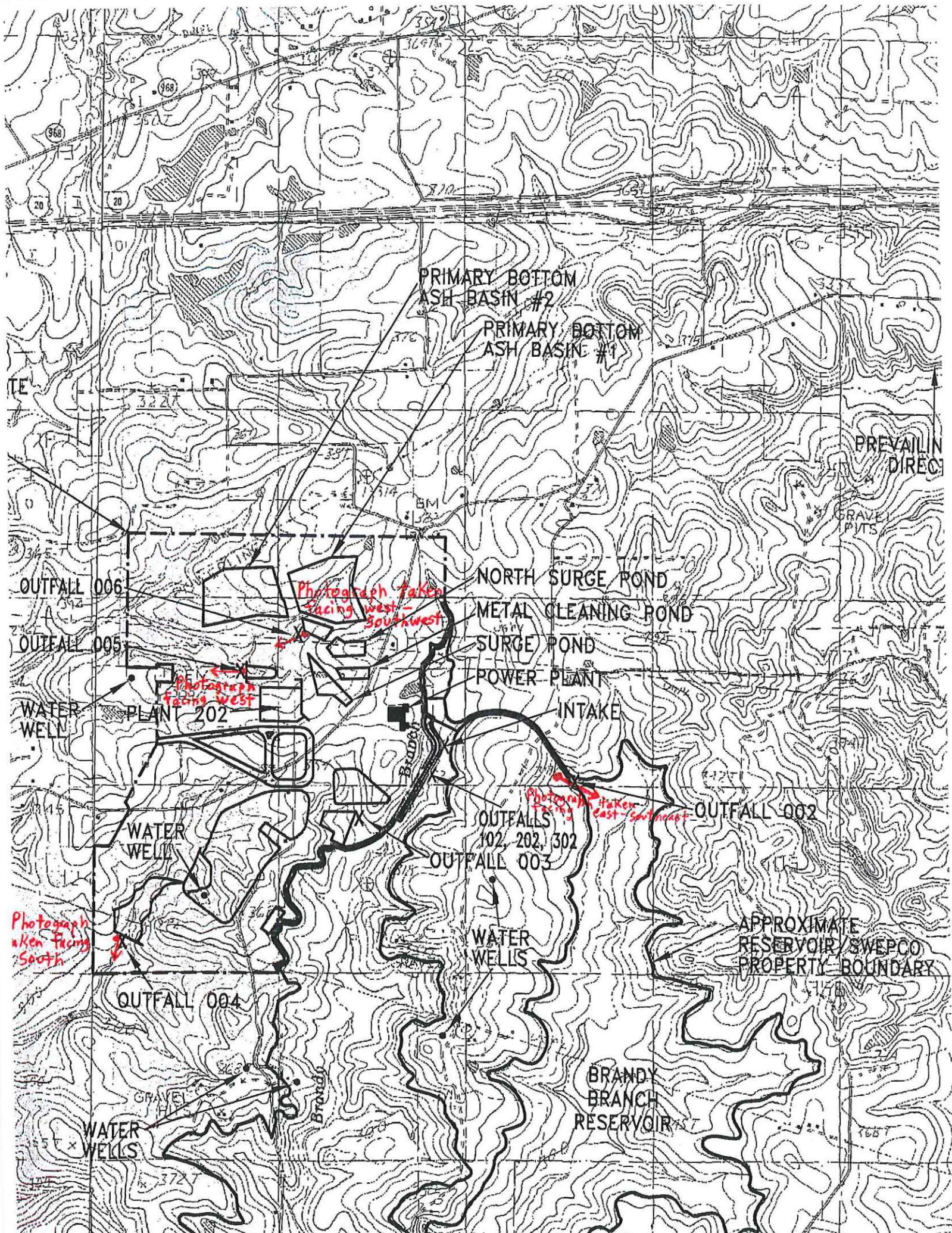


**OUTFALL 005 – FACING WEST**



**OUTFALL 006 – FACING WEST-SOUTHWEST**







## TECHNICAL REPORT 1.0 - INDUSTRIAL

THE FOLLOWING IS REQUIRED FOR ALL APPLICATIONS, RENEWAL, NEW, AND AMENDMENT

### 1. FACILITY/SITE INFORMATION (Instructions, page 22)

- a. Describe the type of activity and general nature of your business.

Steam Electric Power Generation

- b. SIC Code(s) 4911, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
NAICS Code(s) 22111, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

- c. Describe the wastewater generating processes.

Once-through Cooling Water from Condensers.

Non-contact cooling water for pumps and equipment.

Metal cleaning wastes from cleaning of metal equipment.

Domestic Sewage effluent from treatment of domestic wastewater via sewage treatment plant.

Ash transport water from ash handling system.

Miscellaneous wastewater from plant equipment and floor drains.

Storm water runoff from coal pile.

Storm water runoff from various plant areas combined with other wastewater previously mentioned.

- d. Provide a list of raw materials, major intermediates, and products handled at your facility.

Raw Materials	Intermediate Products	Final Products
Natural Gas	Steam	Electricity
Water		
Air		

- e. Indicate by a check mark that an attached facility map with the following information was provided with the application:

- ☒ Production areas, maintenance areas, materials handling areas, and waste disposal areas.
- ☒ The location of each unit of the wastewater treatment plant including the location of wastewater collection sumps and impoundments.

**Attachment: C**

- f. Is this a new permit application for an existing facility? ☐ Yes ☒ No

If yes, provide background discussion below.

- g. Is the treatment facility/disposal site located above the 100-year frequency flood level?

☒ Yes ☐ No

List source(s) used to determine 100-year frequency flood plain: National Weather Service

If **no**, provide the elevation of the 100-year frequency flood plain and describe what protective measures are in use or planned to be used to prevent flooding of the treatment facility/disposal area.

- h. For **new or amendment** permit applications, will there be discharge of fill material into a water in the state for construction of the proposed outfall structure? ☐ Yes ☒ No

If **no**, proceed to Item No. 2. If **yes**, has the applicant applied for a U.S. Corps of Engineers 404 Dredge and Fill permit? ☐ Yes ☐ No

If **yes**, provide the permit number: \_\_\_\_\_

If **no**, provide the approximate date you anticipate submitting your application to the Corps.

2. TREATMENT SYSTEM (Instructions, page 23)

- a. List any physical, chemical, and/or biological treatment process that you use for the treatment of wastewater at your facility. Include a description of each treatment process starting with initial treatment and finishing with the discharge point.

Chlorination of Once-Through Cooling Water prior to discharge via Outfall 002.  
Settling and Precipitation/Flocculation of Storm Water prior to discharge via Outfall 003.  
Settling and Precipitation/Flocculation of Storm Water prior to discharge via Outfall 004.  
Settling and Precipitation/Flocculation of Storm Water prior to discharge via Outfall 005.  
Separation, pH adjustment, settling, and Precipitation/Flocculation of bottom ash water/low volume wastes prior to discharge via Outfall 006.

pH neutralization, filtration, settling, oil/water separation of various low volume waste sources prior to discharge via Outfall 102.

pH neutralization, filtration, settling, oil/water separation, chemical wastewater treatment of any wastewater routed to "plant x" for treatment prior to discharge via Outfall 202.

pH neutralization, filtration, settling/clarifier solids separation, chlorination, and chemical wastewater treatment of domestic wastewater prior to discharge via Outfall 302.

- b. ☒ Indicate by a check mark that an attached flow schematic with a water balance was provided with the application showing each treatment unit and all sources of wastewater flow into the treatment plant and to each outfall/point of disposal. Attachment: D

3. IMPOUNDMENTS (Instructions, page 23)

Do you use or plan to use any wastewater lagoons, ponds, or impoundments? ☒ Yes ☐ No

If yes, complete item 3(a) for existing impoundments and items 3(a)-3(f) for new or proposed impoundments. If no, proceed to Item No. 4.

- a. Provide the following information in the table provided:

**Designation:** Indicate the appropriate use designation for each pond [Treatment (T), Disposal (D), Containment (C), or Evaporation (E)]

**Discharge Point:** If a discharge occurs from the impoundments, designate the outfall associated with the impoundment.

**Liner Information:** If the impoundments are lined to comply with specifications outlined for 1) a compacted clay liner (C), 2) an in-situ clay liner (I), or 3) a synthetic/plastic/rubber liner (S), indicate the liner type with the appropriate letter designation (see instructions for further detail on liner specifications). If not, provide a reference to the attachment that provides a description of the alternate liner and any additional technical information necessary for an evaluation.

**Dimensions:** Provide the dimensions(s), freeboard, surface area, and storage volume capacity of the impoundments. For impoundments with irregular shapes, submit surface area (instead of length and width), the average depth, and the maximum depth below natural ground level.



**Impoundment Information Table**

	Pond # <u>1</u>	Pond # <u>2</u>	Pond # <u>3</u>	Pond # <u>4</u>	Pond # <u>5</u>
<b>Designation</b>					
(T) (D) (C) or (E)	<b>T</b>	<b>T</b>	<b>T</b>	<b>T</b>	<b>T</b>
<b>Discharge Point</b>					
Outfall Number	<b>003</b>	<b>004</b>	<b>005</b>	<b>006</b>	<b>202</b>
<b>Liner Information</b>					
Liner Type (C) (I) or (S)	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>
Alt. Liner Attachment Reference	n/a	n/a	n/a	n/a	n/a
<b>Dimensions</b>					
Length (feet)	<u>500</u> ft	<u>800</u> ft	<u>400</u> ft	<u>2600</u> ft	<u>525</u> ft
Width (feet)	<u>450</u> ft	<u>700</u> ft	<u>350</u> ft	<u>1200</u> ft	<u>200</u> ft
Depth from Water Surface	<u>20</u> ft	<u>15</u> ft	<u>20</u> ft	<u>20</u> ft	<u>10</u> ft
Depth from Nat. Ground Level	<u>7ft</u> avg <u>10ft</u> max	<u>7ft</u> avg <u>10ft</u> max	<u>7ft</u> avg <u>10ft</u> max	<u>6ft</u> avg <u>10ft</u> max	<u>5ft</u> avg <u>8ft</u> max
Freeboard (feet)	<u>3</u> ft	<u>3</u> ft	<u>3</u> ft	<u>3</u> ft	<u>3</u> ft
Surface Area (acres)	<u>5.18</u> acres	<u>12.88</u> acres	<u>3.22</u> acres	<u>71.76</u> acres	<u>2.42</u> acres
Storage Capacity (gallons)	<u>9.32x10<sup>6</sup></u> gal.	<u>8.15x10<sup>6</sup></u> gal.	<u>2.85x10<sup>6</sup></u> gal.	<u>61.26x10<sup>6</sup></u> gal.	<u>3.9x10<sup>6</sup></u> gal.

	Pond # ____	Pond # ____	Pond # ____	Pond # ____	Pond # ____
<b>Designation</b>					
(T) (D) (C) or (E)					
<b>Discharge Point</b>					
Outfall Number					
<b>Liner Information</b>					
Liner Type (C) (I) or (S)					
Alt. Liner Attachment Reference					
<b>Dimensions</b>					
Length (feet)	____ ft	____ ft	____ ft	____ ft	____ ft
Width (feet)	____ ft	____ ft	____ ft	____ ft	____ ft
Depth from Water Surface	____ ft	____ ft	____ ft	____ ft	____ ft
Depth from Nat. Ground Level	____ avg ____ max	____ avg ____ max	____ avg ____ max	____ avg ____ max	____ avg ____ max
Freeboard (feet)	____ ft	____ ft	____ ft	____ ft	____ ft
Surface Area (acres)	____ acres	____ acres	____ acres	____ acres	____ acres
Storage Capacity (gallons)	____ gal.	____ gal.	____ gal.	____ gal.	____ gal.

**THE FOLLOWING ITEMS ARE REQUIRED ONLY FOR NEW OR PROPOSED IMPOUNDMENTS.**

**N/A**

b. Indicate by a check mark if any of the following data was provided with the application:

- (1) \_\_\_\_\_ Synthetic/plastic/rubber liner data  
(2) \_\_\_\_\_ In-situ clay liner data

**Attachment:** \_\_\_\_\_

c. Are there any leak detection systems or ground water monitoring wells in place or planned? ☒ Yes ☐ No

\_\_\_\_\_ If yes, indicate by a check mark that a separate attachment was provided with the leak detection system information for each pond and/or ground water monitoring well data.

**Attachment:** \_\_\_\_\_

d. Is the bottom of the pond above the seasonal high water table in the most shallow water bearing zone?

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ If no, indicate by a check mark that additional information was provided describing the depth of the seasonal high water table in the most shallow water bearing zone in relation to the depth of the bottom of the new or proposed impoundment and how this may or may not impact groundwater.

e. Indicate by a check mark that the following information was provided:

\_\_\_\_\_ A USGS quadrangle map or a color copy of original quality and scale which accurately locates and identifies water supply wells and/or monitor wells within ½ mile radius of the impoundments.

\_\_\_\_\_ Copies of State Water Well Reports (driller's logs, completion data), and data on depths to ground water for water supply wells including a description of how the depths to ground water were obtained.

**For TLAP permit applications:** \_\_\_\_\_ Indicate by a check mark that the new or proposed impoundment(s) and the land application disposal area are located in the same general area and the information for this item is provided in Worksheet 3.0 (item 8).

f. \_\_\_\_\_ Indicate by a check mark if any data was provided with the application pertaining to the ground water, soils, geology, etc. used to assess the potential for migration of wastes from the impoundments and/or the potential for contamination of ground water or surface water.

**4. OUTFALL/DISPOSAL METHOD INFORMATION (Instructions, page 25)**

Complete the following tables to describe the location and wastewater discharge or disposal operations for each outfall for discharge operations and for each point of disposal for TLAP operations.

**For TLAP permit applications:** Indicate the disposal method and each individual **irrigation area (I)**, **evaporation pond (E)**, or **subsurface drainage system (S)** by providing the appropriate letter designation for the disposal method followed by a numerical designation for each disposal area (e.g. evaporation pond, application area) in the space provided for "Outfall" designation (e.g. "E1" for evaporation pond 1, "I2" for irrigation area No. 2, etc.).



OUTFALL: 002

Latitude			Longitude			Location Description		
32	27'	30"	94	29'	00"	End of distance canal prior to entering Brandy Branch Reservoir		
Permitted Flow (MGD)			Proposed Flow (MGD)					
Dly Avg	Dly Max		Dly Avg	Dly Max		Discharge Duration		
600	600		600	600		24	(hrs./day)	31 (days/mo.) 12 (mo./year)
<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Gravity			Measurement Device: Pump Curves			<input type="checkbox"/> Intermittent <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Continuous		
Contributing Wastestreams:						Volume (MGD)		% of Total Flow
Once-through Cooling Water						544.32		100%

OUTFALL: 003

Latitude			Longitude			Location Description		
32	27'	30"	94	29'	00"	Lignite Storage Runoff Pond		
Permitted Flow (MGD)			Proposed Flow (MGD)					
Dly Avg	Dly Max		Dly Avg	Dly Max		Discharge Duration		
Variable	Variable		Variable	Variable			(hrs./day)	(days/mo.) (mo./year)
<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Gravity			Measurement Device: Estimated			<input checked="" type="checkbox"/> Intermittent <input type="checkbox"/> Seasonal <input type="checkbox"/> Continuous		
Contributing Wastestreams:						Volume (MGD)		% of Total Flow
Storm water from Lignite Storage area						0 - 5		100%

OUTFALL: 004

Latitude			Longitude			Location Description	
32	27'	00"	94	29'	00"	Southwest side of ash lagoon	
Permitted Flow (MGD)			Proposed Flow (MGD)				
Dly Avg	Dly Max	Dly Avg	Dly Max	Discharge Duration			
Variable	Variable	Variable	Variable	(hrs./day) (days/mo.) (mo./year)			
Pumped <input type="checkbox"/> Gravity <input checked="" type="checkbox"/>			Measurement Device: <u>Estimated</u>			<input checked="" type="checkbox"/> Intermittent <input type="checkbox"/> Seasonal <input type="checkbox"/> Continuous	
Contributing Wastestreams:						Volume (MGD)	% of Total Flow
Storm water runoff from ash landfill/flue gas						0 - 5	100%
desulphurization areas						variable	0-2%

OUTFALL: 005

Latitude			Longitude			Location Description	
32	27'	30"	94	29'	00"	West of Limestone Storage area	
Permitted Flow (MGD)			Proposed Flow (MGD)				
Dly Avg	Dly Max	Dly Avg	Dly Max	Discharge Duration			
Variable	Variable	Variable	Variable	(hrs./day) (days/mo.) (mo./year)			
Pumped <input type="checkbox"/> Gravity <input checked="" type="checkbox"/>			Measurement Device: <u>Estimate</u>			<input checked="" type="checkbox"/> Intermittent <input type="checkbox"/> Seasonal <input type="checkbox"/> Continuous	
Contributing Wastestreams:						Volume (MGD)	% of Total Flow
Storm water from Limestone Storage area						0 - 5	100%



**5. BLOWDOWN AND ONCE-THROUGH COOLING WATER DISCHARGES** (Instructions, page 26)

a. Does your facility use any cooling towers or boilers that discharge blowdown or other wastestreams to the outfall(s)? ☒ Yes ☐ No.

b. Does your facility discharge once-through cooling water to the outfall(s)? ☒ Yes ☐ No

c. If **yes** to either item **a** or **b**, indicate with a check mark that the appropriate MSDS with the following information for each chemical additive was submitted with the application.

- ☒ Manufacturers Product Identification Number.
- ☒ Product use. (e.g., biocide, fungicide, corrosion inhibitor, etc.)
- ☒ Chemical Composition including Chemical Abstracts System (CAS) number for each ingredient.
- ☒ Classify product as non-persistent, persistent, or bioaccumulative.
- ☒ Product or active ingredient half-life.
- ☒ Frequency of product use (e.g., 2 hr/day once every two weeks).
- ☒ Product toxicity data specific to fish and aquatic invertebrate organisms.
- ☒ Concentration of whole product in wastestream (if above item is for whole product)
- ☐ Concentration of active ingredient in wastestream (if above item is for active ingredient)

Please provide a summary of this information in addition to the submittal of the MSDS for each specific wastestream and the associated chemical additives and specify which outfalls are affected.

Attachment: E

**d. Cooling Towers and Boilers**

	Number of Units	Daily Avg. Blowdown	Daily Max Blowdown
Cooling Towers	<u>0</u> cooling towers	Daily Avg: <u>na</u> gallons/day	Daily Max: <u>na</u> gallons/day
Boilers	<u>1</u> boilers	Daily Avg: <u>na</u> gallons/day	Daily Max: <u>96K</u> gallons/day

**6. STORM WATER MANAGEMENT** (Instructions, page 26)

Are there any existing or proposed outfalls which discharge storm water runoff commingled with other wastestreams? ☒ Yes ☐ No. If **yes**, provide the following information. If **no**, proceed to Item No. 7.

a. Provide a brief narrative description of the industrial processes and activities that occur outdoors or in some manner that may result in exposure of the materials to precipitation or runoff in areas where runoff is generated.

The ash ponds are exposed to storm water and receive some storm water runoff.  
These ponds are used for settling of solids from the ash handling system prior to discharge.  
The combined wastewaters in the ash pond system are discharged via Outfall 006.

**7. DOMESTIC SEWAGE, SEWAGE SLUDGE, AND/OR SEPTAGE MANAGEMENT AND DISPOSAL**  
(Instructions, page 27)

- a. Please check the appropriate method(s) of domestic sewage and domestic sewage sludge treatment/disposal and complete Attachment F if directed.

☐ Domestic sewage is not generated on-site. **PROCEED TO ITEM NO. 8.**

☐ Both domestic and industrial treatment sludge **ARE commingled** prior to use or disposal. **PROCEED TO ITEM NO. 8.**

☐ Industrial wastewater and domestic sewage are treated separately and the respective sludge **IS NOT commingled** prior to sludge use or disposal. **COMPLETE WORKSHEET 5.0 OF THIS APPLICATION.**

☐ If your facility is a POTW, **COMPLETE WORKSHEET 5.0 OF THIS APPLICATION.**

☒ Facility is connected to a wastewater treatment plant permitted to receive domestic sewage, or the domestic sewage is transported off-site to a permitted facility for treatment and/or disposal. **COMPLETE ITEM NO. 7.B.**

☐ Domestic sewage is disposed of by an on-site septic tank. **COMPLETE ITEM 7.B.**

☐ Other. Please provide a detailed description below.

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- b. Provide the name and TCEQ, NPDES, and/or TPDES Permit No. of the waste disposal facility which receives the domestic sewage/septage. If hauled by motorized vehicle, provide the name and TCEQ Registration No. of the hauler.

Plant/Hauler Name	Permit/Registration No.
City of Lone Star POTW	12411-001
Transporter: Phillips Services, Inc.	Reg. #20124, TDH #1421

**8. IMPROVEMENTS OR COMPLIANCE/ENFORCEMENT REQUIREMENTS** (Instructions, page 27)

Is the permittee currently required to meet any implementation schedule for compliance or enforcement?

☐ Yes ☒ No

If yes, provide a brief summary of the requirements and a status update.

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**9. TOXICITY TESTING** (Instructions, page 27)

Have any biological tests for acute or chronic toxicity been made on any of your discharges or on a receiving water in relation to your discharge within the last three (3) years?

☒ Yes ☐ No

If **yes**, identify the tests and describe their purposes below. Please attach a copy of all tests performed that have not been previously sent to the TCEQ and/or EPA.

**Chronic toxicity testing is required in the wastewater permit at Outfall 002.**  
**Acute toxicity testing is required in the wastewater permit at Outfalls 002, 102, and 006.**

**10. OFF-SITE/THIRD PARTY WASTES** (Instructions, page 28)

Do you receive wastes from off-site sources for treatment in your facility, disposal on-site via land application, and/or discharge via a permitted outfall? ☒ Yes ☐ No

If **no**, proceed to Item No. 11. If **yes**, proceed as directed.

- a. Indicate with a check mark that a detailed attachment with the following information was provided with the application: **Attachment:** ☒

<input checked="" type="checkbox"/> List of wastes received	<input checked="" type="checkbox"/> Identified sources of wastes received
<input checked="" type="checkbox"/> Characterization of wastes received	<input checked="" type="checkbox"/> Name and addresses of generators
<input checked="" type="checkbox"/> Volumes of each waste received	<input checked="" type="checkbox"/> Description of the relationship of waste source(s) with your facility's activities.
<input checked="" type="checkbox"/> Info. on compatibility with on-site wastes	

- b. Is wastewater from a TCEQ, NPDES, and/or TPDES permitted facility commingled with your wastewater after your final treatment and prior to discharge via your final outfall/point of disposal? ☐ Yes ☒ No

If **yes**, provide the name, address, and TCEQ, NPDES, and/or TPDES permit number of the contributing facility and a copy of any agreements and/or contracts relating to this activity.

- c. Is your facility a Publicly Owned Treatment Works (POTW) that accepts process wastewater from any Significant Industrial User (SIU) and has or is required to have an approved pretreatment program under the NPDES/TPDES program? ☐ Yes ☒ No If **yes**, complete **Worksheet 6.0** of this application.

**11. RADIOACTIVE MATERIALS** (Instructions, page 28)

Are radioactive materials mined, used, stored, or processed at this facility? ☐ Yes ☒ No

If **yes**, Provide a list of the materials and the results of one analysis of your effluent in picocuries per liter (pCi/L) for all radioactive parameters which may be present.

Radioactive Materials	Conc. (pCi/L)

**THE FOLLOWING ITEMS ARE ONLY REQUIRED FOR EXISTING PERMITTED FACILITIES.**

**12. MAJOR AMENDMENT REQUESTS** (Instructions, page 28)

Are you requesting a major amendment of an existing permit? ☒ Yes ☐ No

If yes, list each specific request and provide discussion on the scope of any requested permit changes.

See Attachment F

If necessary, provide supplemental information or additional data that will support the request.

**13. MINOR MODIFICATION REQUESTS** (Instructions, page 29)

Are you requesting any minor modifications to the permit? ☐ Yes ☒ No **Note:** see the instructions for an exclusive list of changes considered as minor modifications.

If yes, list and discuss the requested changes.

**14. MINOR AMENDMENT REQUESTS** (Instructions, page 29)

Are you requesting any minor amendments to the permit? ☐ Yes ☒ No

If yes, list and discuss the requested changes.



**WORKSHEETS  
TO THE INDUSTRIAL WASTEWATER PERMIT APPLICATION TECHNICAL REPORT**

Please review the worksheet requirements in the instructions and indicate by checking either yes or no which worksheets are required, completed, and submitted with the technical report. Worksheets that are not applicable do not need to be submitted with the technical report.

WORKSHEET	COMPLETED AND SUBMITTED WITH THE TECHNICAL REPORT:	
	YES	NO
1.0: EPA EFFLUENT CATEGORICAL GUIDELINES	✓	
2.0: POLLUTANT ANALYSES REQUIREMENTS	✓	
3.0: LAND DISPOSAL OF EFFLUENT		✓
4.0: RECEIVING WATERS	✓	
4.1: STREAM PHYSICAL CHARACTERISTICS WORKSHEET		✓
5.0: SEWAGE SLUDGE MANAGEMENT AND DISPOSAL	✓	
6.0: INDUSTRIAL WASTE CONTRIBUTION		✓
7.0: STORM WATER RUNOFF	✓	
8.0: AQUACULTURE		✓
9.0: CLASS V INJECTION WELL		✓

## WORKSHEET 1.0 - EPA EFFLUENT CATEGORICAL GUIDELINES

**REQUIRED FOR ALL APPLICATIONS FOR TPDES PERMITS FOR DISCHARGES OF WASTEWATERS SUBJECT TO EPA EFFLUENT LIMITATION GUIDELINES.**

### 1. CATEGORICAL INDUSTRIES (Instructions, page 31)

Is your facility subject to any of the 40 CFR effluent guidelines outlined in Table 1? ☒ Yes ☐ No

If yes, provide the appropriate information in the table below. If **no**, this worksheet is not required.

Industry	CFR
Steam Electric Power Generating	423

### 2. PRODUCTION/PROCESS DATA (Instructions, page 32)

a. **Production data:** Provide the appropriate data for effluent guidelines with production based effluent limitations.

Subcategory	Actual Quantity/Day	Design Quantity/Day	Units

b. **Organic Chemicals, Plastics, and Synthetic Fibers Manufacturing Data (40 CFR Part 414):** Provide each appropriate subpart and the percent of total production. Also provide the appropriate data for metal bearing wastestreams as required in 40 CFR Part 414, Appendices A and B.

Subcategory	% of total production	Appendix A and B	
		Metal	Process

- c. **Refineries (40 CFR Part 419):** Provide the applicable subcategory and a brief justification for each.

N/A
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3. **PROCESS/NON-PROCESS WASTEWATER FLOWS:** Provide a breakdown of process wastewater flow(s) and non-process wastewater flow(s) as directed. (Instructions, page 32)

See item #4 below.
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4. **NEW SOURCE DETERMINATION:** Provide a list of wastewater generating processes subject to effluent guidelines and the appropriate information. (Instructions, page 32)

Process	EPA Guideline		Date Process/Construction Commenced
	Part	Subpart	
Once-through Cooling Water	40 CFR	423	1985
Low Volume Wastes/Ash Transport Water/	40 CFR	423	1985
Storm water (combined)			
Metal / Chemical Metal Cleaning Wastes	40 CFR	423	1985
Treated Sanitary Sewage Effluent			1985



**WORKSHEET 2.0 - POLLUTANT ANALYSES REQUIREMENTS**

**REQUIRED FOR APPLICATIONS SUBMITTED FOR A TPDES PERMIT. NOT REQUIRED FOR APPLICATIONS FOR A PERMIT TO DISPOSE OF ALL WASTEWATER BY LAND DISPOSAL OR FOR DISCHARGES SOLELY OF STORM WATER RUNOFF.** (General Requirements: Instructions, Page 33)

**1. TABLE 1:** Complete table required for all external outfalls. (Instructions, Page 34)

Outfall No.: 002	<input checked="" type="checkbox"/> C <input type="checkbox"/> G	Effluent Concentration (mg/l)					
Pollutants		Samp. 1	Samp. 2	Samp. 3	Samp. 4	Average	
BOD (5-day)		<2	<2	<2	<2	<2	
CBOD (5-day)		<2	<2	<2	<2	<2	
Chemical Oxygen Demand		24	16	29	27	24	
Total Organic Carbon		7.11	9.91	9.69	7.32	8.51	
Dissolved Oxygen		4.86	5.81	9.9	6.9	6.9	
Ammonia Nitrogen		<1	<1	<1	<1	<1	
Total Suspended Solids		2	2	1	<1	<2	
Nitrate Nitrogen		0.3	0.3	<0.1	<0.1	<0.2	
Total Organic Nitrogen		1	1	1	1	1	
Total Phosphorus		<0.1	<0.1	<0.1	<0.1	<0.1	
Oil and Grease		<5	<5	<5	<5	<5	
Total Residual Chlorine		0.2	0.2	0.2	0.2	0.2	
Total Dissolved Solids		162	190	182	152	172	
Sulfate		30	30	30	30	30	
Chloride		30	30	30	31	30	
Fluoride		<0.1	<0.1	<0.1	<0.1	<0.1	
Fecal Coliform		2	<1	<1	<1	<1	
Temperature(°F) *Maximum(s)		70*	103*	101*	105*	95*	
pH (Standard Units; min/max)		8.30 min	8.7 max			N/A	
Effluent Concentration (µg/l)							MAL (µg/l)
Total Aluminum		36.6	10.9	10.2	8.1	16.5	30
Total Antimony		<5	<5	<5	<5	<5	60
Total Arsenic		<5	<5	<5	<5	<5	10
Total Barium		120	122	121	119	121	10
Total Beryllium		<1	<1	<1	<1	<1	5
Total Cadmium		<1	<1	<1	<1	<1	1
Total Chromium		<1	<1	<1	<1	<1	10
Trivalent Chromium		<5	<5	<5	<5	<5	N/A
Hexavalent Chromium		<5	<5	<5	<5	<5	10
Total Copper		1.2	1.4	1.4	1.5	1.4	10
Cyanide		<5	<5	<5	<5	<5	20
Total Lead		<5	<5	<5	<5	<5	5
Total Mercury		<0.025	<0.025	<0.025	<0.025	<0.025	0.2
Total Nickel		<1	<1	<1	<1	<1	10
Total Selenium		<5	<5	<5	<5	<5	10
Total Silver		<1	<1	<1	<1	<1	2.0
Total Thallium		<5	<5	<5	<5	<5	10
Total Zinc		10.2	9.7	11.4	7.0	9.6	5

2. **TABLE 2:** Complete table required for all external outfalls which discharge process wastewater. Partial table required for all external outfalls with nonprocess wastewater discharges. Storm water runoff discharges commingled with other wastestreams shall complete the table as instructed (Instructions, Page 34).

Outfall No.: 002	<input type="checkbox"/> C <input checked="" type="checkbox"/> G	Effluent Concentration (µg/l) (*1)					
Pollutants		Samp. 1	Samp. 2	Samp. 3	Samp. 4	Average	MAL (µg/l)
Benzene		<10	<10	<10	<10	<10	10
Benzidine		<50	<50	<50	<50	<50	50
Benzo(a)anthracene		<10	<10	<10	<10	<10	10
Benzo(a)pyrene		<10	<10	<10	<10	<10	10
Carbon Tetrachloride		<10	<10	<10	<10	<10	10
Chlorobenzene		<10	<10	<10	<10	<10	10
Chloroform		<10	<10	<10	<10	<10	10
Chrysene		<10	<10	<10	<10	<10	10
Cresols		ND	ND	ND	ND	ND	(*2)
Dibromochloromethane		<10	<10	<10	<10	<10	10
1,2-Dibromoethane		<2	<2	<2	<2	<2	2
1,4-Dichlorobenzene		<10	<10	<10	<10	<10	10
1,2-Dichloroethane		<10	<10	<10	<10	<10	10
1,1-Dichloroethylene		<10	<10	<10	<10	<10	10
Fluoride		<0.1	<0.1	<0.1	<0.1	<0.1	500
Hexachlorobenzene		<10	<10	<10	<10	<10	10
Hexachlorobutadiene		<10	<10	<10	<10	<10	10
Hexachloroethane		<20	<20	<20	<20	<20	20
Methyl Ethyl Ketone		<50	<50	<50	<50	<50	50
Nitrobenzene		<10	<10	<10	<10	<10	10
n-Nitrosodiethylamine		<20	<20	<20	<20	<20	20
n-Nitroso-di-n-Butylamine		<20	<20	<20	<20	<20	20
PCB's, Total (*3)		<1	<1	<1	<1	<1	1
Pentachlorobenzene		<20	<20	<20	<10	<20	20
Pentachlorophenol		<50	<50	<50	<50	<50	50
Phenanthrene		<10	<10	<10	<10	<10	10
Pyridine		<20	<20	<20	<20	<20	20
1,2,4,5-Tetrachlorobenzene		<20	<20	<20	<20	<20	20
Tetrachloroethylene		<10	<10	<10	<10	<10	10
Trichloroethylene		<10	<10	<10	<10	<10	10
1,1,1-Trichloroethane		<10	<10	<10	<10	<10	10
2,4,5-Trichlorophenol		<50	<50	<50	<50	<50	50
TTHM (Total Trihalomethanes)		<10	<10	<10	<10	<10	10
Vinyl Chloride		<10	<10	<10	<10	<10	10

(\*1) Indicate units if different from µg/l.

(\*2) MAL's for Cresols: p-Chloro-m-Cresol 10 µg/l; 4,6-Dinitro-o-Cresol 50 µg/l; p-Cresol 10 µg/l

(\*3) Total of PCB-1242, PCB-1254, PCB-1221, PCB-1232, PCB-1248, PCB-1260, PCB-1016.

3. **TABLE 3:** Partial table (only those pollutants which are required by the conditions specified) required for each external outfall. Not required for internal outfalls. (Instructions, Page 34)

a. **TRIBUTYLTIN:**

Is your facility or will your proposed facility be an industrial/commercial facilities which directly disposes of wastewater from the types of operations listed below or a domestic facilities which receive wastewater from the types of industrial/commercial operations listed below? \_\_\_\_\_ Yes ☒ No

If yes, indicate with a check mark all of the following criteria which apply and provide the appropriate testing results in the table below.

- \_\_\_\_\_ Manufacturers and formulators of tributyltin or related compounds.  
 \_\_\_\_\_ Painting of ships, boats and marine structures.  
 \_\_\_\_\_ Ship and boat building and repairing.  
 \_\_\_\_\_ Ship and boat cleaning, salvage, wrecking and scaling.  
 \_\_\_\_\_ Operation and maintenance of marine cargo handling facilities and marinas  
 \_\_\_\_\_ Facilities engaged in wood preserving  
 \_\_\_\_\_ Any other industrial/commercial facility for which tributyltin is known to be present, or for which there is any reason to believe that tributyltin may be present in the effluent.

b. **ENTEROCOCCI**

Does your facility or will your proposed facility discharge directly into saltwater receiving waters?  
 \_\_\_\_\_ Yes ☒ No

If yes, provide the appropriate testing results in the table below.

**TABLE 3**

Outfall No.:	<input type="checkbox"/> C <input type="checkbox"/> G	Effluent Concentration (µg/l)					
Pollutants		Samp. 1	Samp. 2	Samp. 3	Samp. 4	Average	MAL (µg/l)
Tributyltin							0.010
Enterococci							N/A

4. **TABLE 4:** Complete table required for all external outfalls which discharge process wastewater and other wastewaters, which may contain pesticides or herbicides, from a facility which manufactures or formulates pesticides or herbicides. Not required for internal outfalls. (Instructions, Page 35)

Does your facility manufacture or formulate pesticides or herbicides?        Yes ✓ No

If yes, provide the appropriate testing results.

**TABLE 4**

Outfall No.:	<input type="checkbox"/> C <input type="checkbox"/> G	Effluent Concentration (µg/l) (*1)					MAL (µg/l)
Pollutants		Samp. 1	Samp. 2	Samp. 3	Samp. 4	Avg.	
Beta-hexachlorocyclohexane							0.05
Carbaryl							5
Chlordane							0.15
Chlorpyrifos							0.05
2,4-D							10
Danitrol							----
4,4'-DDD							0.1
4,4'-DDE							0.1
4,4'-DDT							0.1
Demeton							0.2
Diazinon							0.5
Dicofol							20
Dieldrin							0.1
Diuron							0.09
Endosulfan I (alpha)							0.1
Endosulfan II (beta)							0.1
Endosulfan Sulfate							0.1
Endrin							0.1
Gamma - Hexachlorocyclohexane (Lindane)							0.05
Guthion							0.10
Heptachlor							0.05
Heptachlor Epoxide							1.0
Hexachlorophene							10
Malathion							0.10
Methoxychlor							2.0
Mirex							0.2
Parathion							0.1
Toxaphene							5
2,4,5-TP (Silvex)							2

\* Indicate units if different from mg/L.



5. **TABLE 5:** Complete table required for all external outfalls. Not required for internal outfalls.  
(Instructions, Page 35)

**TABLE 5**

Outfall No.: 002	<input checked="" type="checkbox"/> C <input type="checkbox"/> G	Believed Present	Believed Absent	Effluent Concentration (mg/l)		
Pollutants				Average	Maximum	No. of Samples
Bromide			X	0.2	0.2	4
Color(PCU)		X		<14	21	4
Nitrate-Nitrite(as N)			X	<0.2	0.3	4
Sulfide(as S)			X	<0.002	0.003	4
Sulfite(as SO <sub>3</sub> )			X	<2	<2	4
Surfactants			X	<0.2	<0.2	4
Total Antimony			X	<5 ug/l	<5 ug/l	4
Total Beryllium			X	<1 ug/l	<1 ug/l	4
Total Boron		X		130 ug/l	157 ug/l	4
Total Cobalt			X	<1 ug/l	<1 ug/l	4
Total Iron		X		28.5 ug/l	38.3 ug/l	4
Total Magnesium		X		7200 ug/l	7108 ug/l	4
Total Molybdenum			X	1.8 ug/l	3.4 ug/l	4
Total Manganese			X	37.1 ug/l	40.5 ug/l	4
Total Thallium			X	<5 ug/l	<5 ug/l	4
Total Tin			X	<5 ug/l	<5 ug/l	4
Total Titanium			X	<1 ug/l	<1 ug/l	4

6. **TABLE 6:** Indicate with a check mark any of the industrial categories applicable to your facility. If testing is required, indicate with a check mark in the box provided that the testing results for the appropriate parameters in Table B-7 are provided with the application. (Instructions, Page 35)

N/A	GC/MS Testing Required			
	Volatile	Acid	Base/Neutral	Pesticides
_____ Adhesives and Sealants	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
_____ Aluminum Forming	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
_____ Auto and Other Laundries	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____ Battery Manufacturing	Yes <input type="checkbox"/>	No	Yes <input type="checkbox"/>	No
_____ Coal Mining	No	No	No	No
_____ Coil Coating	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
_____ Copper Forming	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
_____ Electric and Electronic Components	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____ Electroplating	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
_____ Explosives Manufacturing	No	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
_____ Foundries	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
_____ Gum and Wood Chemicals				
_____ Subparts A,B,C,E	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No	No
_____ Subparts D,F	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
_____ Inorganic Chemicals	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
_____ Iron and Steel Manufacturing	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
_____ Leather Tanning/Finishing	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
_____ Mechanical Products Manufacturing	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
_____ Nonferrous Metals Mfg.	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____ Ore Mining(Subpart B)	No	Yes <input type="checkbox"/>	No	No
_____ Organic Chemicals, Plastics, and Synthetic Fibers	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____ Paint and Ink Formulation	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
_____ Pesticides	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____ Petroleum Refining	Yes <input type="checkbox"/>	No	No	No
_____ Pharmaceutical Preparations	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
_____ Photographic Equipment and Supplies	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
_____ Plastic and Synthetic Materials Manufacturing	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____ Plastic Processing	Yes <input type="checkbox"/>	No	No	No
_____ Porcelain Enameling	No	No	No	No
_____ Printing and Publishing	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____ Pulp and Paperboard Mills				
_____ Subparts A	* <input type="checkbox"/>	Yes <input type="checkbox"/>	* <input type="checkbox"/>	Yes <input type="checkbox"/>
_____ Subparts B,C,D,R	* <input type="checkbox"/>	Yes <input type="checkbox"/>	* <input type="checkbox"/>	* <input type="checkbox"/>
_____ Subparts F,G,H,I,K,L,M,N,O,P	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	* <input type="checkbox"/>	* <input type="checkbox"/>
_____ Subparts E,Q,S,T	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	* <input type="checkbox"/>	Yes <input type="checkbox"/>
_____ Subparts J,U	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	* <input type="checkbox"/>
_____ Rubber Processing	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
_____ Soap and Detergent Manufacturing	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
✓ _____ Steam Electric Power Plants	Yes <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No	No
_____ Textile Mills (Not Subpart C)	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
_____ Timber Products Processing	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

\* Test if "believed present"

7. **TABLE 7:** Please complete as directed and only for those parameters specified in Table 6. Required for all external outfalls which contain process wastewater. Not required for internal outfalls. Testing may be required for types of industry not specified in Table 6 for specific parameters if believed present (Instructions, Page 36).

**TABLE 7**

Outfall No.: 002	<input type="checkbox"/> C <input checked="" type="checkbox"/> G	Effluent Concentration (µg/l) *		
Pollutants		Average	Maximum	No. of Samples
<b>VOLATILE COMPOUNDS</b>				
Acrolein		<50	<50	4
Acrylonitrile		<50	<50	4
Benzene		<10	<10	4
Bromoform		<10	<10	4
Carbon Tetrachloride		<10	<10	4
Chlorobenzene		<10	<10	4
Chlorodibromomethane		<10	<10	4
Chloroethane		<50	<50	4
2-Chloroethylvinyl Ether		<10	<10	4
Chloroform		<10	<10	4
Dichlorobromomethane		<10	<10	4
1,1-Dichloroethane		<10	<10	4
1,2-Dichloroethane		<10	<10	4
1,1-Dichloroethylene		<10	<10	4
1,2-Dichloropropane		<10	<10	4
1,3-Dichloropropylene		<10	<10	4
Ethylbenzene		<10	<10	4
Methyl Bromide		<50	<50	4
Methyl Chloride		<50	<50	4
Methylene Chloride		<20	<20	4
1,1,2,2-Tetrachloroethane		<10	<10	4
Tetrachloroethylene		<10	<10	4
Toluene		<10	<10	4
1,2-Trans-Dichloroethylene		<10	<10	4
1,1,1-Trichloroethane		<10	<10	4
1,1,2-Trichloroethane		<10	<10	4
Trichloroethylene		<10	<10	4
Vinyl Chloride		<10	<10	4

	Effluent Concentration (µg/l) *			
Pollutants	Average	Maximum	No. of Samples	MAL (µg/l)
ACID COMPOUNDS				
2-Chlorophenol	<10	<10	4	10
2,4-Dichlorophenol	<10	<10	4	10
2,4-Dimethylphenol	<10	<10	4	10
4,6-Dinitro-o-Cresol	<50	<50	4	50
2,4-Dinitrophenol	<50	<50	4	50
2-Nitrophenol	<20	<20	4	20
4-Nitrophenol	<50	<50	4	50
P-Chloro-m-Cresol	<10	<10	4	10
Pentachlorophenol	<50	<50	4	50
Phenol	<10	<10	4	10
2,4,6-Trichlorophenol	<10	<10	4	10
BASE/NEUTRAL COMPOUNDS				
Acenaphthene				10
Acenaphthylene				10
Anthracene				10
Benzidine	<50			50
Benzo(a)Anthracene				10
Benzo(a)Pyrene				10
3,4-Benzofluoranthene				10
Benzo(ghi)Perylene				20
Benzo(k)Fluoranthene				10
Bis(2-Chloroethoxy)Methane				10
Bis(2-Chloroethyl)Ether				10
Bis(2-Chloroisopropyl)Ether				10
Bis(2-Ethylhexyl)Phthalate				10
4-Bromophenyl Phenyl Ether				10
Butylbenzyl Phthalate				10
2-chloronaphthalene				10
4-chlorophenyl phenyl ether				10
Chrysene	<10			10
Dibenzo(a,h)Anthracene				20
1,2-Dichlorobenzene				10
1,3-Dichlorobenzene				10
1,4-Dichlorobenzene	<10			10
3,3-Dichlorobenzidine				50
Diethyl Phthalate				10
Dimethyl Phthalate				10
Di-n-Butyl Phthalate				10
2,4-Dinitrotoluene				10



	Effluent Concentration (µg/l) *			
Pollutants	Average	Maximum	No. of Samples	MAL (µg/l)
BASE/NEUTRAL COMPOUNDS (cont.)				
2,6-Dinitrotoluene				10
Di-n-Octyl Phthalate				10
1,2-Diphenyl Hydrazine (as Azobenzene)				20
Fluoranthene				10
Fluorene				10
Hexachlorobenzene	<10			10
Hexachlorobutadiene	<10			10
Hexachlorocyclopentadiene				10
Hexachloroethane	<20			20
Indeno(1,2,3-cd)pyrene				20
Isophorone				10
Naphthalene				10
Nitrobenzene	<10			10
N-Nitrosodimethylamine				50
N-Nitrosodi-n-Propylamine				20
N-Nitrosodiphenylamine				20
Phenanthrene	<10			10
Pyrene				10
1,2,4-Trichlorobenzene				10
PESTICIDES				
Aldrin				0.05
alpha-BHC				0.05
beta-BHC				0.05
gamma-BHC				0.05
delta-BHC				0.05
Chlordane				0.15
4,4,-DDT				0.1
4,4,-DDE				0.1
4,4,-DDE				0.1
Dieldrin				0.1
alpha-Endosulfan				0.1
beta-Endosulfan				0.1
Endosulfan Sulfate				0.1
Endrin				0.1
Endrin Aldehyde				0.1
Heptachlor				0.05

	Effluent Concentration (µg/l)			
Pollutants	Average	Maximum	No. of Samples	MAL (µg/l)
PESTICIDES (cont.)				
Heptachlor Epoxide				
PCB-1254				1.0
PCB-1221				1.0
PCB-1242				
PCB-1232				1.0
PCB-1248				1.0
PCB-1260				1.0
PCB-1016				1.0
Toxaphene				5.0

\*      **Indicate units if different from µg/l**

**8. TABLE 8 (DIOXINS/FURAN COMPOUNDS):** Please complete as directed. Not required for internal outfalls.  
(Instructions, Page 36)

- a. Are any of the following compounds manufactured and/or used in a process at the facility? \_\_\_\_ Yes ☒ No

If yes, indicate with a check mark the compound(s) which apply and provide a brief description of the conditions of its/their presence at the facility.

- \_\_\_\_ 2,4,5-trichlorophenoxy acetic acid (2,4,5-T) CAS #93-76-5  
 \_\_\_\_ 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5-TP) CAS #93-72-1  
 \_\_\_\_ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon) CAS #136-25-4  
 \_\_\_\_ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnel) CAS #299-84-3  
 \_\_\_\_ 2,4,5-trichlorophenol (TCP) CAS #95-95-4  
 \_\_\_\_ Hexachlorophene (HCP) CAS #70-30-4

- b. Do you know or have any reason to believe that 2,3,7,8 Tetrachlorodibenzo-P-Dioxin (TCDD) or any congeners of TCDD may be present in your effluent? \_\_\_\_ Yes ☒ No

If yes, provide a brief description of the conditions for its presence.

- c. If your responded yes to either item a or b, complete **Table 8** as instructed.

**TABLE 8**

Outfall ____	<input type="checkbox"/> C <input type="checkbox"/> G	Wastewater		Sludge		
Compound	Equivalent Factors	Concentration (ppq)	Equivalents (ppq)	Concentration (ppt)	Equivalents (ppt)	MAL (ppq)
2,3,7,8-TCDD	1					10.0
1,2,3,7,8-PeCDD	0.5					50.0
2,3,7,8-HxCDDs	0.1					50.0
2,3,7,8-TCDF	0.1					10.0
1,2,3,7,8-PeCDF	0.05					50.0
2,3,4,7,8-PeCDF	0.5					50.0
2,3,7,8-HxCDFs	0.1					50.0
Total						

9. **TABLE 9 (HAZARDOUS SUBSTANCES):** Proceed complete as directed. Not required for internal outfalls.  
(Instructions, Page 37)

a. Are there any pollutants listed in the instructions (page 37) believed present in the discharge?

\_\_\_\_\_ Yes ☒ No

b. Are there pollutants listed in Item No. 1.d. on Page No. 1 of this technical report which are believed present in the discharge and have not been analytically quantified elsewhere in this application? \_\_\_\_\_ Yes ☒ No

If your responded yes to either item, complete **Table 9** as instructed.

**TABLE 9**

Pollutant & CAS Number	Average (µg/l)	Maximum (µg/l)	No. of Samples	Analytical Method



**WORKSHEET 2.0 - POLLUTANT ANALYSES REQUIREMENTS**

**REQUIRED FOR APPLICATIONS SUBMITTED FOR A TPDES PERMIT. NOT REQUIRED FOR APPLICATIONS FOR A PERMIT TO DISPOSE OF ALL WASTEWATER BY LAND DISPOSAL OR FOR DISCHARGES SOLELY OF STORM WATER RUNOFF.** (General Requirements: Instructions, Page 33)

**1. TABLE 1:** Complete table required for all external outfalls. (Instructions, Page 34)

Outfall No.: 006	<input checked="" type="checkbox"/> C <input type="checkbox"/> G	Effluent Concentration (mg/l)					
Pollutants		Samp. 1	Samp. 2	Samp. 3	Samp. 4	Average	
BOD (5-day)		<2	<2	<2	<2	<2	
CBOD (5-day)		<2	<2	<2	<2	<2	
Chemical Oxygen Demand		26	34	<1	7	<17	
Total Organic Carbon		3.11	5.33	4.29	1.49	3.56	
Dissolved Oxygen		3.89	7.97	11.4	8.6	8.0	
Ammonia Nitrogen		<1	<1	<1	<1	<1	
Total Suspended Solids		7	5	12	1	6	
Nitrate Nitrogen		1	0.7	1	1	1	
Total Organic Nitrogen		1	1	1	1	1	
Total Phosphorus		<0.1	<0.1	<0.1	<0.1	<0.1	
Oil and Grease		<5	<5	<5	<5	<5	
Total Residual Chlorine		N/A*	N/A*	N/A*	N/A*	N/A*	
Total Dissolved Solids		604	670	690	750	679	
Sulfate		365	389	403	468	406	
Chloride		40	40	42	43	41	
Fluoride		<0.1	<0.1	<0.1	<0.1	<0.1	
Fecal Coliform		<1	<1	2	<1	<1	
Temperature(°F)		80	80	77	82	80	
pH (Standard Units; min/max)		6.4 Min.	7.3 Max.			N/A	
<b>*No Chlorination @ 006</b>		Effluent Concentration (µg/l)					<b>MAL (µg/l)</b>
Total Aluminum		236	207	219	130	198	30
Total Antimony		<5	<5	<5	<5	<5	60
Total Arsenic		<5	<5	<5	<5	<5	10
Total Barium		196	197	198	182	193	10
Total Beryllium		<1	<1	<1	<1	<1	5
Total Cadmium		<1	<1	<1	<1	<1	1
Total Chromium		<1	<1	<1	<1	<1	10
Trivalent Chromium		<5	<5	<5	<5	<5	N/A
Hexavalent Chromium		<5	<5	<5	<5	<5	10
Total Copper		1.6	1.4	1.5	2.9	1.9	10
Cyanide		<5	<5	<5	<5	<5	20
Total Lead		<5	<5	<5	<5	<5	5
Total Mercury		<0.025	<0.025	<0.025	<0.025	<0.025	0.2
Total Nickel		9.0	11.8	15.6	18.8	13.8	10
Total Selenium		<5	<5	<5	<5	<5	10
Total Silver		<1	<1	<1	<1	<1	2.0
Total Thallium		<5	<5	<5	<5	<5	10
Total Zinc		9.0	8.3	14.6	49.7	20.4	5

2. **TABLE 2:** Complete table required for all external outfalls which discharge process wastewater. Partial table required for all external outfalls with nonprocess wastewater discharges. Storm water runoff discharges commingled with other wastestreams shall complete the table as instructed (Instructions, Page 34).

Outfall No.: 006	<input type="checkbox"/> C <input checked="" type="checkbox"/> G	Effluent Concentration (µg/l) (*1)					
Pollutants		Samp. 1	Samp. 2	Samp. 3	Samp. 4	Average	MAL (µg/l)
Benzene		<10	<10	<10	<10	<10	10
Benzidine		<50	<50	<50	<50	<50	50
Benzo(a)anthracene		<10	<10	<10	<10	<10	10
Benzo(a)pyrene		<10	<10	<10	<10	<10	10
Carbon Tetrachloride		<10	<10	<10	<10	<10	10
Chlorobenzene		<10	<10	<10	<10	<10	10
Chloroform		<10	<10	<10	<10	<10	10
Chrysene		<10	<10	<10	<10	<10	10
Cresols		ND	ND	ND	ND	ND	(*2)
Dibromochloromethane		<10	<10	<10	<10	<10	10
1,2-Dibromoethane		<2	<2	<2	<2	<2	2
1,4-Dichlorobenzene		<10	<10	<10	<10	<10	10
1,2-Dichloroethane		<10	<10	<10	<10	<10	10
1,1-Dichloroethylene		<10	<10	<10	<10	<10	10
Fluoride		<0.1	<0.1	<0.1	<0.1	<0.1	500
Hexachlorobenzene		<10	<10	<10	<10	<10	10
Hexachlorobutadiene		<10	<10	<10	<10	<10	10
Hexachloroethane		<20	<20	<20	<20	<20	20
Methyl Ethyl Ketone		<50	<50	<50	<50	<50	50
Nitrobenzene		<10	<10	<10	<10	<10	10
n-Nitrosodiethylamine		<20	<20	<20	<20	<20	20
n-Nitroso-di-n-Butylamine		<20	<20	<20	<20	<20	20
PCB's, Total (*3)		<1	<1	<1	<1	<1	1
Pentachlorobenzene		<20	<20	<20	<10	<20	20
Pentachlorophenol		<50	<50	<50	<50	<50	50
Phenanthrene		<10	<10	<10	<10	<10	10
Pyridine		<20	<20	<20	<20	<20	20
1,2,4,5-Tetrachlorobenzene		<20	<20	<20	<20	<20	20
Tetrachloroethylene		<10	<10	<10	<10	<10	10
Trichloroethylene		<10	<10	<10	<10	<10	10
1,1,1-Trichloroethane		<10	<10	<10	<10	<10	10
2,4,5-Trichlorophenol		<50	<50	<50	<50	<50	50
TTHM (Total Trihalomethanes)		<10	<10	<10	<10	<10	10
Vinyl Chloride		<10	<10	<10	<10	<10	10

(\*1) Indicate units if different from µg/l.

(\*2) MAL's for Cresols: p-Chloro-m-Cresol 10 µg/l; 4,6-Dinitro-o-Cresol 50 µg/l; p-Cresol 10 µg/l

(\*3) Total of PCB-1242, PCB-1254, PCB-1221, PCB-1232, PCB-1248, PCB-1260, PCB-1016.

3. **TABLE 3:** Partial table (only those pollutants which are required by the conditions specified) required for each external outfall. Not required for internal outfalls. (Instructions, Page 34)

a. **TRIBUTYLTIN:**

Is your facility or will your proposed facility be an industrial/commercial facilities which directly disposes of wastewater from the types of operations listed below or a domestic facilities which receive wastewater from the types of industrial/commercial operations listed below? \_\_\_\_\_ Yes ☒ No

If yes, indicate with a check mark all of the following criteria which apply and provide the appropriate testing results in the table below.

- \_\_\_\_\_ Manufacturers and formulators of tributyltin or related compounds.  
 \_\_\_\_\_ Painting of ships, boats and marine structures.  
 \_\_\_\_\_ Ship and boat building and repairing.  
 \_\_\_\_\_ Ship and boat cleaning, salvage, wrecking and scaling.  
 \_\_\_\_\_ Operation and maintenance of marine cargo handling facilities and marinas  
 \_\_\_\_\_ Facilities engaged in wood preserving  
 \_\_\_\_\_ Any other industrial/commercial facility for which tributyltin is known to be present, or for which there is any reason to believe that tributyltin may be present in the effluent.

b. **ENTEROCOCCI**

Does your facility or will your proposed facility discharge directly into saltwater receiving waters?

\_\_\_\_\_ Yes ☒ No

If yes, provide the appropriate testing results in the table below.

**TABLE 3**

Outfall No.:	<input type="checkbox"/> C <input type="checkbox"/> G	Effluent Concentration (µg/l)					
Pollutants		Samp. 1	Samp. 2	Samp. 3	Samp. 4	Average	MAL (µg/l)
Tributyltin							0.010
Enterococci							N/A

4. **TABLE 4:** Complete table required for all external outfalls which discharge process wastewater and other wastewaters, which may contain pesticides or herbicides, from a facility which manufactures or formulates pesticides or herbicides. Not required for internal outfalls. (Instructions, Page 35)

Does your facility manufacture or formulate pesticides or herbicides? ☐ Yes ☒ No

If yes, provide the appropriate testing results.

**TABLE 4**

Outfall No.:	<input type="checkbox"/> C <input type="checkbox"/> G	Effluent Concentration (µg/l) (*1)					MAL (µg/l)
Pollutants		Samp. 1	Samp. 2	Samp. 3	Samp. 4	Avg.	
Beta-hexachlorocyclohexane							0.05
Carbaryl							5
Chlordane							0.15
Chlorpyrifos							0.05
2,4-D							10
Danitrol							----
4,4'-DDD							0.1
4,4'-DDE							0.1
4,4'-DDT							0.1
Demeton							0.2
Diazinon							0.5
Dicofol							20
Dieldrin							0.1
Diuron							0.09
Endosulfan I (alpha)							0.1
Endosulfan II (beta)							0.1
Endosulfan Sulfate							0.1
Endrin							0.1
Gamma - Hexachlorocyclohexane (Lindane)							0.05
Guthion							0.10
Heptachlor							0.05
Heptachlor Epoxide							1.0
Hexachlorophene							10
Malathion							0.10
Methoxychlor							2.0
Mirex							0.2
Parathion							0.1
Toxaphene							5
2,4,5-TP (Silvex)							2

\* Indicate units if different from mg/L.

5. **TABLE 5:** Complete table required for all external outfalls. Not required for internal outfalls.  
(Instructions, Page 35)

**TABLE 5**

Outfall No.: 006	<input type="checkbox"/> C <input checked="" type="checkbox"/> G	Believed Present	Believed Absent	Effluent Concentration (mg/l)		
Pollutants				Average	Maximum	No. of Samples
Bromide			X	0.2	0.3	4
Color(PCU)		X		7	13	4
Nitrate-Nitrite(as N)			X	0.7	0.9	4
Sulfide(as S)			X	<0.002	<0.002	4
Sulfite(as SO <sub>3</sub> )			X	<2	<2	4
Surfactants			X	<0.2	<0.2	4
Total Antimony			X	<5 ug/l	<5 ug/l	4
Total Beryllium			X	<1 ug/l	<1 ug/l	4
Total Boron		X		2268 ug/l	2350 ug/l	4
Total Cobalt			X	4.3 ug/l	6.9 ug/l	4
Total Iron		X		161 ug/l	236 ug/l	4
Total Magnesium		X		11662 ug/l	16300 ug/l	4
Total Molybdenum			X	12.0 ug/l	14.9 ug/l	4
Total Manganese			X	136 ug/l	195 ug/l	4
Total Thallium			X	<5 ug/l	<5 ug/l	4
Total Tin			X	<5 ug/l	<5 ug/l	4
Total Titanium			X	6.3 ug/l	9.6 ug/l	4



6. **TABLE 6:** Indicate with a check mark any of the industrial categories applicable to your facility. If testing is required, indicate with a check mark in the box provided that the testing results for the appropriate parameters in Table B-7 are provided with the application. (Instructions, Page 35)

N/A	GC/MS Testing Required			
	Volatiles	Acid	Base/Neutral	Pesticides
<input type="checkbox"/> Adhesives and Sealants	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
<input type="checkbox"/> Aluminum Forming	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
<input type="checkbox"/> Auto and Other Laundries	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="checkbox"/> Battery Manufacturing	Yes <input type="checkbox"/>	No	Yes <input type="checkbox"/>	No
<input type="checkbox"/> Coal Mining	No	No	No	No
<input type="checkbox"/> Coil Coating	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
<input type="checkbox"/> Copper Forming	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
<input type="checkbox"/> Electric and Electronic Components	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="checkbox"/> Electroplating	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
<input type="checkbox"/> Explosives Manufacturing	No	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
<input type="checkbox"/> Foundries	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
<input type="checkbox"/> Gum and Wood Chemicals				
<input type="checkbox"/> Subparts A,B,C,E	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No	No
<input type="checkbox"/> Subparts D,F	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
<input type="checkbox"/> Inorganic Chemicals	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
<input type="checkbox"/> Iron and Steel Manufacturing	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
<input type="checkbox"/> Leather Tanning/Finishing	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
<input type="checkbox"/> Mechanical Products Manufacturing	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
<input type="checkbox"/> Nonferrous Metals Mfg.	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="checkbox"/> Ore Mining(Subpart B)	No	Yes <input type="checkbox"/>	No	No
<input type="checkbox"/> Organic Chemicals, Plastics, and Synthetic Fibers	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="checkbox"/> Paint and Ink Formulation	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
<input type="checkbox"/> Pesticides	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="checkbox"/> Petroleum Refining	Yes <input type="checkbox"/>	No	No	No
<input type="checkbox"/> Pharmaceutical Preparations	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
<input type="checkbox"/> Photographic Equipment and Supplies	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
<input type="checkbox"/> Plastic and Synthetic Materials Manufacturing	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="checkbox"/> Plastic Processing	Yes <input type="checkbox"/>	No	No	No
<input type="checkbox"/> Porcelain Enameling	No	No	No	No
<input type="checkbox"/> Printing and Publishing	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="checkbox"/> Pulp and Paperboard Mills				
<input type="checkbox"/> Subparts A	* <input type="checkbox"/>	Yes <input type="checkbox"/>	* <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="checkbox"/> Subparts B,C,D,R	* <input type="checkbox"/>	Yes <input type="checkbox"/>	* <input type="checkbox"/>	* <input type="checkbox"/>
<input type="checkbox"/> Subparts F,G,H,I,K,L,M,N,O,P	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	* <input type="checkbox"/>	* <input type="checkbox"/>
<input type="checkbox"/> Subparts E,Q,S,T	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	* <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="checkbox"/> Subparts J,U	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	* <input type="checkbox"/>
<input type="checkbox"/> Rubber Processing	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
<input type="checkbox"/> Soap and Detergent Manufacturing	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
<input checked="" type="checkbox"/> Steam Electric Power Plants	Yes <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No	No
<input type="checkbox"/> Textile Mills (Not Subpart C)	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	No
<input type="checkbox"/> Timber Products Processing	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

\* Test if "believed present"

7. **TABLE 7:** Please complete as directed and only for those parameters specified in Table 6. Required for all external outfalls which contain process wastewater. Not required for internal outfalls. Testing may be required for types of industry not specified in Table 6 for specific parameters if believed present (Instructions, Page 36).

TABLE 7

Outfall No.: 006	<input type="checkbox"/> C <input checked="" type="checkbox"/> G	Effluent Concentration (µg/l) *			
Pollutants		Average	Maximum	No. of Samples	MAL (µg/l)
<b>VOLATILE COMPOUNDS</b>					
Acrolein		<50	<50	4	50
Acrylonitrile		<50	<50	4	50
Benzene		<10	<10	4	10
Bromoform		<10	<10	4	10
Carbon Tetrachloride		<10	<10	4	10
Chlorobenzene		<10	<10	4	10
Chlorodibromomethane		<10	<10	4	10
Chloroethane		<50	<50	4	50
2-Chloroethylvinyl Ether		<10	<10	4	10
Chloroform		<10	<10	4	10
Dichlorobromomethane		<10	<10	4	10
1,1-Dichloroethane		<10	<10	4	10
1,2-Dichloroethane		<10	<10	4	10
1,1-Dichloroethylene		<10	<10	4	10
1,2-Dichloropropane		<10	<10	4	10
1,3-Dichloropropylene		<10	<10	4	10
Ethylbenzene		<10	<10	4	10
Methyl Bromide		<50	<50	4	50
Methyl Chloride		<50	<50	4	50
Methylene Chloride		<20	<20	4	20
1,1,2,2-Tetrachloroethane		<10	<10	4	10
Tetrachloroethylene		<10	<10	4	10
Toluene		<10	<10	4	10
1,2-Trans-Dichloroethylene		<10	<10	4	10
1,1,1-Trichloroethane		<10	<10	4	10
1,1,2-Trichloroethane		<10	<10	4	10
Trichloroethylene		<10	<10	4	10
Vinyl Chloride		<10	<10	4	10

	Effluent Concentration (µg/l) *			
Pollutants	Average	Maximum	No. of Samples	MAL (µg/l)
ACID COMPOUNDS				
2-Chlorophenol	<10	<10	4	10
2,4-Dichlorophenol	<10	<10	4	10
2,4-Dimethylphenol	<10	<10	4	10
4,6-Dinitro-o-Cresol	<50	<50	4	50
2,4-Dinitrophenol	<50	<50	4	50
2-Nitrophenol	<20	<20	4	20
4-Nitrophenol	<50	<50	4	50
P-Chloro-m-Cresol	<10	<10	4	10
Pentachlorophenol	<50	<50	4	50
Phenol	<10	<10	4	10
2,4,6-Trichlorophenol	<10	<10	4	10
BASE/NEUTRAL COMPOUNDS				
Acenaphthene				10
Acenaphthylene				10
Anthracene				10
Benzidine	<50			50
Benzo(a)Anthracene				10
Benzo(a)Pyrene				10
3,4-Benzofluoranthene				10
Benzo(ghi)Perylene				20
Benzo(k)Fluoranthene				10
Bis(2-Chloroethoxy)Methane				10
Bis(2-Chloroethyl)Ether				10
Bis(2-Chloroisopropyl)Ether				10
Bis(2-Ethylhexyl)Phthalate				10
4-Bromophenyl Phenyl Ether				10
Butylbenzyl Phthalate				10
2-chloronaphthalene				10
4-chlorophenyl phenyl ether				10
Chrysene	<10			10
Dibenzo(a,h)Anthracene				20
1,2-Dichlorobenzene				10
1,3-Dichlorobenzene				10
1,4-Dichlorobenzene	<10			10
3,3-Dichlorobenzidine				50
Diethyl Phthalate				10
Dimethyl Phthalate				10
Di-n-Butyl Phthalate				10
2,4-Dinitrotoluene				10

	Effluent Concentration (µg/l) *			
Pollutants	Average	Maximum	No. of Samples	MAL (µg/l)
BASE/NEUTRAL COMPOUNDS (cont.)				
2,6-Dinitrotoluene				10
Di-n-Octyl Phthalate				10
1,2-Diphenyl Hydrazine (as Azobenzene)				20
Fluoranthene				10
Fluorene				10
Hexachlorobenzene	<10			10
Hexachlorobutadiene	<10			10
Hexachlorocyclopentadiene				10
Hexachloroethane	<20			20
Indeno(1,2,3-cd)pyrene				20
Isophorone				10
Naphthalene				10
Nitrobenzene	<10			10
N-Nitrosodimethylamine				50
N-Nitrosodi-n-Propylamine				20
N-Nitrosodiphenylamine				20
Phenanthrene	<10			10
Pyrene				10
1,2,4-Trichlorobenzene				10
PESTICIDES				
Aldrin				0.05
alpha-BHC				0.05
beta-BHC				0.05
gamma-BHC				0.05
delta-BHC				0.05
Chlordane				0.15
4,4,-DDT				0.1
4,4,-DDE				0.1
4,4,-DDE				0.1
Dieldrin				0.1
alpha-Endosulfan				0.1
beta-Endosulfan				0.1
Endosulfan Sulfate				0.1
Endrin				0.1
Endrin Aldehyde				0.1
Heptachlor				0.05

	Effluent Concentration (µg/l)			
Pollutants	Average	Maximum	No. of Samples	MAL (µg/l)
PESTICIDES (cont.)				
Heptachlor Epoxide				
PCB-1254				1.0
PCB-1221				1.0
PCB-1242				
PCB-1232				1.0
PCB-1248				1.0
PCB-1260				1.0
PCB-1016				1.0
Toxaphene				5.0

\* Indicate units if different from µg/l

8. **TABLE 8 (DIOXINS/FURAN COMPOUNDS):** Please complete as directed. Not required for internal outfalls.  
(Instructions, Page 36)

a. Are any of the following compounds manufactured and/or used in a process at the facility? \_\_\_\_ Yes ☒ No

If **yes**, indicate with a check mark the compound(s) which apply and provide a brief description of the conditions of its/their presence at the facility.

- \_\_\_\_ 2,4,5-trichlorophenoxy acetic acid (2,4,5-T) CAS #93-76-5  
 \_\_\_\_ 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5-TP) CAS #93-72-1  
 \_\_\_\_ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon) CAS #136-25-4  
 \_\_\_\_ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnel) CAS #299-84-3  
 \_\_\_\_ 2,4,5-trichlorophenol (TCP) CAS #95-95-4  
 \_\_\_\_ Hexachlorophene (HCP) CAS #70-30-4

b. Do you know or have any reason to believe that 2,3,7,8 Tetrachlorodibenzo-P-Dioxin (TCDD) or any congeners of TCDD may be present in your effluent? \_\_\_\_ Yes ☒ No

If **yes**, provide a brief description of the conditions for its presence.

c. If your responded **yes** to either item a or b, complete **Table 8** as instructed.

**TABLE 8**

Outfall ____	<input type="checkbox"/> C <input type="checkbox"/> G	Wastewater		Sludge		
Compound	Equivalent Factors	Concentration (ppq)	Equivalents (ppq)	Concentration (ppt)	Equivalents (ppt)	MAL (ppq)
2,3,7,8-TCDD	1					10.0
1,2,3,7,8-PeCDD	0.5					50.0
2,3,7,8-HxCDDs	0.1					50.0
2,3,7,8-TCDF	0.1					10.0
1,2,3,7,8-PeCDF	0.05					50.0
2,3,4,7,8-PeCDF	0.5					50.0
2,3,7,8-HxCDFs	0.1					50.0
Total						

- a. Are there any pollutants listed in the instructions (page 37) believed present in the discharge?  
 \_\_\_\_\_ Yes ✓ No
- b. Are there pollutants listed in Item No. 1.d. on Page No. 1 of this technical report which are believed present in the discharge and have not been analytically quantified elsewhere in this application? \_\_\_\_\_ Yes ✓ No

TABLE 9

[illegible]



## WORKSHEET 4.0 - RECEIVING WATERS

### THE FOLLOWING IS REQUIRED FOR ALL TPDES PERMIT APPLICATIONS

#### 1. DOMESTIC DRINKING WATER SUPPLY (Instructions, Page 46)

**For Outfalls 002, 003, 302, 202, and 102**

Is there a surface water intake for domestic drinking water supply located within 5 (five) miles downstream from the point/proposed point of discharge? \_\_\_\_\_ Yes ☒ No

If yes, identify owner of the drinking water supply, the distance and direction to the intake, and locate and identify the intake on the USGS map. Indicate by a check mark that the requested information is provided: \_\_\_\_\_

#### 2. DISCHARGE INTO TIDALLY INFLUENCED WATERS (Instructions, Page 46)

N/A

a. Width of the receiving water at the outfall? \_\_\_\_\_ feet

b. Are there oyster reefs in the vicinity of the discharge? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate approximate distance and direction from outfall(s): \_\_\_\_\_

c. Are there any sea grasses within the vicinity of the point of discharge? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the distance and direction to the grasses: \_\_\_\_\_

#### 3. CLASSIFIED SEGMENT (Instructions, Page 46)

Is the discharge directly into (or within 300 feet of) a classified segment? \_\_\_\_\_ Yes ☒ No

If yes, stop here. It is not necessary to complete items 4 and 5 and it is not necessary to complete Worksheet 2.1.  
If no, complete items 4 and 5.

#### 4. DESCRIPTION OF IMMEDIATE RECEIVING WATERS (Instructions, Pages 46)

Name of the immediate receiving waters: Brandy Branch Reservoir

a. Check the appropriate description of the receiving waters

\_\_\_\_\_ Man-made Channel or Ditch

\_\_\_\_\_ Stream or creek

☒ Lake or Pond

Surface area 1250 acres. Average depth of the entire water body 25 feet

Average depth of water body within a 500-foot radius or the discharge point 20 feet

\_\_\_\_\_ Freshwater Swamp or Marsh

\_\_\_\_\_ Tidal Stream, Bayou, or Marsh

\_\_\_\_\_ Open Bay

\_\_\_\_\_ Other: \_\_\_\_\_

If a man-made channel, ditch or stream was checked above, provide the following:

N/A

b. Check one of the following that best characterizes the area **upstream** of the discharge. For new discharges, characterize the area **downstream** of the discharge (check one).

\_\_\_\_\_ Intermittent (dry for at least one week during most years)

\_\_\_\_\_ Intermittent with Perennial Pools (enduring pools containing sufficient habitat to maintain significant aquatic life uses)

\_\_\_\_\_ Perennial (normally flowing)

Check the method used to characterize the area upstream (or downstream for new dischargers): \_\_\_\_ USGS flow records, ☒ personal observation, \_\_\_\_ historical observation by adjacent landowner(s), \_\_\_\_ others, specify:

c. List the name(s) of all perennial streams that join the receiving water within three miles downstream of the discharge point: **N/A**

d. Do the receiving water characteristics change within three miles downstream of the discharge? (e.g., natural or man-made dams, ponds, reservoirs, etc.) \_\_\_\_ Yes ☒ No **N/A**

If yes, discuss how:

e. Provide general observations of the water body during normal dry weather conditions: **N/A**

Date and time of observation: \_\_\_\_\_

Was water body influenced by storm water runoff during observations? \_\_\_\_ Yes ☒ No

## 5. GENERAL CHARACTERISTICS OF WATER BODY (Instructions, Page 47)

a. Is the receiving water upstream of the discharges or proposed discharge site influenced by (check as appropriate): **N/A**

____ oil field activities	____ urban runoff
____ agricultural runoff	____ septic tanks
____ upstream discharges	____ others, specify below

b. Uses of water body, observed or evidences of (check as appropriate):

____ livestock watering	<input checked="" type="checkbox"/> contact recreation	____ irrigation withdrawal
<input checked="" type="checkbox"/> non contact recreation	<input checked="" type="checkbox"/> fishing	____ navigation
<input checked="" type="checkbox"/> domestic water supply	<input checked="" type="checkbox"/> industrial water supply	<input checked="" type="checkbox"/> picnic park activities
____ others, specify below		

c. Check one of the following to best describe the aesthetics of the receiving water and the surrounding area:

\_\_\_\_ Wilderness: outstanding natural beauty; usually wooded or unpastured area: water clarity exceptional  
☒ Natural Area: trees and/or native vegetation common; some development evident (from fields, pastures, dwellings); water clarity discolored  
\_\_\_\_ Common Setting: not offensive, developed but uncluttered; water may be colored or turbid  
\_\_\_\_ Offensive: stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored

## WORKSHEET 4.0 - RECEIVING WATERS

### THE FOLLOWING IS REQUIRED FOR ALL TPDES PERMIT APPLICATIONS

#### 1. DOMESTIC DRINKING WATER SUPPLY (Instructions, Page 46)

##### For Outfalls 004, 005, and 006

Is there a surface water intake for domestic drinking water supply located within 5 (five) miles downstream from the point/proposed point of discharge? \_\_\_\_\_ Yes ☒ No

If yes, identify owner of the drinking water supply, the distance and direction to the intake, and locate and identify the intake on the USGS map. Indicate by a check mark that the requested information is provided: \_\_\_\_\_

#### 2. DISCHARGE INTO TIDALLY INFLUENCED WATERS (Instructions, Page 46)

N/A

a. Width of the receiving water at the outfall? \_\_\_\_\_ feet

b. Are there oyster reefs in the vicinity of the discharge? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate approximate distance and direction from outfall(s): \_\_\_\_\_

c. Are there any sea grasses within the vicinity of the point of discharge? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the distance and direction to the grasses: \_\_\_\_\_

#### 3. CLASSIFIED SEGMENT (Instructions, Page 46)

Is the discharge directly into (or within 300 feet of) a classified segment? \_\_\_\_\_ Yes ☒ No

If yes, stop here. It is not necessary to complete items 4 and 5 and it is not necessary to complete Worksheet 2.1.  
If no, complete items 4 and 5.

#### 4. DESCRIPTION OF IMMEDIATE RECEIVING WATERS (Instructions, Pages 46)

Name of the immediate receiving waters: Unnamed tributary, thence to Hatlev Creek

##### a. Check the appropriate description of the receiving waters

\_\_\_\_\_ Man-made Channel or Ditch

☒ Stream or creek

\_\_\_\_\_ Lake or Pond

\_\_\_\_\_ Surface area \_\_\_\_\_ acres. Average depth of the entire water body \_\_\_\_\_ feet

\_\_\_\_\_ Average depth of water body within a 500-foot radius or the discharge point \_\_\_\_\_ feet

\_\_\_\_\_ Freshwater Swamp or Marsh

\_\_\_\_\_ Tidal Stream, Bayou, or Marsh

\_\_\_\_\_ Open Bay

\_\_\_\_\_ Other: \_\_\_\_\_

If a man-made channel, ditch or stream was checked above, provide the following:

N/A

b. Check one of the following that best characterizes the area **upstream** of the discharge. For new discharges, characterize the area **downstream** of the discharge (check one).

\_\_\_\_\_ Intermittent (dry for at least one week during most years)

\_\_\_\_\_ Intermittent with Perennial Pools (enduring pools containing sufficient habitat to maintain significant aquatic life uses)

\_\_\_\_\_ Perennial (normally flowing)

Check the method used to characterize the area upstream (or downstream for new dischargers): ☐ USGS flow records, ☒ personal observation, ☐ historical observation by adjacent landowner(s), ☐ others, specify:

c. List the name(s) of all perennial streams that join the receiving water within three miles downstream of the discharge point:

**Hatlev Creek**

d. Do the receiving water characteristics change within three miles downstream of the discharge? (e.g., natural or man-made dams, ponds, reservoirs, etc.) ☐ Yes ☒ No

If yes, discuss how:

e. Provide general observations of the water body during normal dry weather conditions:

**Intermittent, low flow**

Date and time of observation: **Numerous times during last several years.**

Was water body influenced by storm water runoff during observations? ☐ Yes ☒ No

## 5. GENERAL CHARACTERISTICS OF WATER BODY (Instructions, Page 47)

a. Is the receiving water upstream of the discharges or proposed discharge site influenced by (check as appropriate):

**N/A** ☐ oil field activities ☐ urban runoff  
☐ agricultural runoff ☐ septic tanks  
☐ upstream discharges ☐ others, specify below

b. Uses of water body, observed or evidences of (check as appropriate): **N/A**

☐ livestock watering ☐ contact recreation ☐ irrigation withdrawal  
☐ non contact recreation ☐ fishing ☐ navigation  
☐ domestic water supply ☐ industrial water supply ☐ picnic park activities  
☐ others, specify below

c. Check one of the following to best describe the aesthetics of the receiving water and the surrounding area:

☐ Wilderness: outstanding natural beauty; usually wooded or unpastured area; water clarity exceptional  
☒ Natural Area: trees and/or native vegetation common; some development evident (from fields, pastures, dwellings); water clarity discolored  
☐ Common Setting: not offensive, developed but uncluttered; water may be colored or turbid  
☐ Offensive: stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored

## WORKSHEET 5.0 - SEWAGE SLUDGE MANAGEMENT AND DISPOSAL

THE FOLLOWING IS REQUIRED FOR ALL TPDES PERMIT APPLICATIONS THAT MEET THE CONDITIONS AS OUTLINED IN TECHNICAL REPORT 1.0, ITEM NO. 7.

### 1. SEWAGE SLUDGE SOLIDS MANAGEMENT PLAN (Instructions, Page 50)

- a. Is this a new permit application or an amendment permit application? ☒ Yes ☐ No
- b. Does the facility discharge in the Lake Houston watershed? ☐ Yes ☒ No

If yes to either item a or b, ☒ indicate by a check mark that a solids management plan was provided with the application.

### 2. SEWAGE SLUDGE MANAGEMENT AND DISPOSAL (Instruction, Page 50)

- a. Please check the current sludge disposal method(s). More than one method can be checked.

☐ Permitted landfill ☐ Marketing and distribution by the permittee  
☐ Registered land application site ☐ Composted by the permittee  
☐ Surface disposal site (sludge monofill)  
☒ Transported to another WWTP (written statement or contractual agreement required)  
☐ Beneficial land application as authorized in the existing permit

- b. Disposal site name, TCEQ Permit/Registration Number and County where disposal site is located:  
City of Lone Star POTW. TCEQ Permit No. 12411-01

- c. Method of Transportation (truck, train, pipe, other) and hauler Registration Number:  
Transported by truck by Phillips Services, Inc., TCEQ Registration #20124

Transported in: ☐ liquid ☒ semi-liquid ☐ semi-solid ☐ solid state  
Land application for: ☐ Reclamation ☐ Soil Conditioning

- d. If the existing permit contains authorization for sludge land application, composting, marketing and distribution of sludge, and/or sludge lagoons and authorization to renew the activity is being sought in the application, the appropriate sections of the Sludge Technical Report must be provided.

### 3. PERMIT AUTHORIZATION FOR SEWAGE SLUDGE DISPOSAL (Instructions, Page 51)

Are you requesting new authorization to beneficially land apply sewage sludge at this site or a site under your direct control? ☐ Yes ☒ No

Are you requesting new authorization to market and distribute sewage sludge at this facility or a facility under your direct control? ☐ Yes ☒ No

Are you requesting new authorization to compost sewage sludge? ☐ Yes ☒ No

Are you requesting new authorization to surface dispose sewage sludge at this site or site under your direct control? ☐ Yes ☒ No

Are you requesting new authorization to incinerate sewage sludge at this site or site under your direct control? ☐ Yes ☒ No

If yes to any of the above items, provide the information required in the SLUDGE TECHNICAL REPORT.

New authorization for beneficial land application, incineration, and sludge lagoons in the TPDES or TLAP permits requires a major amendment to the permit. New authorization for composting may require a major amendment to the permit. See the instructions for an explanation whether a major amendment is required or if authorization for composting can be added through the renewal process.

Jan. 26. 2006 10:57AM  
SOUTHWESTERN ELECTRIC POWER COMPANY

No. 1403 P. 2  
For Inquiries Call 800-810-2729

VENDOR: AP-SEP-010974

CHECK# 00314032

VOUCHER	INVOICE	PURCHASE	INVOICE	AMOUNT	DISCOUNT	NET AMOUNT
614873	62501		06-25-01	138.14	00	138.14

*Sewer  
Dumping  
5 yr. Permit*

JUL 23 2001

*Permit Number  
12411-001*

TOTALS 138.14 .00 138.14  
PLEASE DETACH BEFORE DEPOSITING

*Kathy Kovich  
City Secretary*

01008259

THIS CHECK HAS A COLORED FRONT AND AN ARTIFICIAL WATERMARK ON BACK

**AEP SOUTHWESTERN ELECTRIC POWER**

PAY TO THE ORDER OF CITY OF LONE STAR  
P O BOX 218  
LONE STAR TX 76664-0218

ONE HUNDRED THIRTY EIGHT AND 14/100 DOLLARS

Wendy S. Langus

NOT VALID AFTER 180 DAYS

⑈314032⑈ ⑆043301501⑆ 103⑈4835⑈

## WORKSHEET 7.0 - STORM WATER RUNOFF WORKSHEET

### REQUIRED FOR ALL TPDES PERMIT APPLICATIONS APPLYING FOR INDIVIDUAL PERMIT COVERAGE FOR DISCHARGES OF STORM WATER RUNOFF.

1. Do discharges from any of the proposed or existing outfalls consist of storm water runoff only or storm water runoff and any of the listed non-storm water discharges (See Instructions, Page 54)?  
☒ Yes ☐ No

If **yes**, proceed as directed. If **no**, stop here.

2. Indicate by a check mark which type of authorization covers or is proposed to cover discharges from each storm water outfall.

Outfall	Coverage Under MSGP	Coverage Under Individual Permit	Outfall	Coverage Under MSGP	Coverage Under Individual Permit
003		X			
004		X			
005		X			

If you have indicated that all existing or proposed storm water outfalls are covered under the MSGP, **stop here**.  
 If you have indicated that you are seeking authorization under an individual permit, **proceed as directed**.

### THE FOLLOWING ITEMS ARE REQUIRED FOR EACH OUTFALL THAT DISCHARGES STORM WATER, AND FOR WHICH YOU ARE SEEKING INDIVIDUAL AUTHORIZATION UNDER THIS PERMIT APPLICATION.

3. **Site Map** (Instructions, page 54) - Indicate by a check mark that a site map(s) of the entire facility has been provided with the following information **See Attachment C**
- ☒ the location of each storm water outfall to be covered by the permit;
  - ☒ an outline of the drainage area that is within the facility's boundary and that contributes storm water to each outfall to be covered by the permit;
  - ☒ connections or discharge points to municipal separate storm sewer systems;
  - ☒ locations of all structures (e.g. buildings, garages, storage tanks);
  - ☒ structural control devices that are designed to reduce pollution in storm water runoff;
  - ☒ process wastewater treatment units (including ponds);
  - ☒ bag house and other air treatment units exposed to precipitation or runoff;
  - ☒ landfills; scrapyards; surface water bodies (including wetlands);
  - ☒ vehicle and equipment maintenance areas;
  - ☒ physical features of the site that may influence storm water runoff or contribute a dry weather flow;
  - ☒ locations where spills or leaks of reportable quality (as defined in 30 TAC §327.4) have occurred during the three years before this application was submitted to obtain coverage under an individual permit; and
  - ☒ processing areas, storage areas, material loading/unloading areas, and other locations where significant materials are exposed to precipitation or runoff.

4. **FACILITY/SITE INFORMATION** (Instructions, page 55)

- a. Provide an inventory, or list, of materials currently handled at the facility that may be exposed to precipitation.

**See Attachment H**

- b. Provide a narrative descriptions of the industrial processes and activities involving the materials in the above-listed inventory that occur outdoors or in some manner that may result in exposure of the materials to precipitation or runoff.

**See Attachment I**



- c. Describe any best management practices and controls that you are using to prevent or effectively reduce pollution in storm water discharges from the facility.

**See Attachment I**

5. POLLUTANT ANALYSIS (Instructions, page 55)

a. TABLE 1-SW: Please complete the table as directed.

Outfall <u>003</u>	MAXIMUM VALUES (mg/L)		AVERAGE VALUES (mg/L)		Number of Storm Events Sampled	MAL (mg/L)
	Grab Sample Taken During First 30 Minutes	Flow Weighted Composite Sample	Grab Sample Taken During First 30 Minutes	Flow Weighted Composite Sample		
Pollutant	Minutes	Sample	Minutes	Sample		
pH (Standard Units)	<u>8.65</u> (min)	____(max)	<u>8.65</u> (min)	____(max)	*	---
Total Suspended Solids	<u>1</u>	____	<u>1</u>	____	*	---
Chemical Oxygen Demand	<u>20</u>	____	<u>20</u>	____	*	---
Total Organic Carbon	<u>5.44</u>	____	<u>5.44</u>	____	*	---
Oil and Grease	<u>&lt;5</u>	____	<u>&lt;5</u>	____	*	---
Total Arsenic	<u>&lt;5 ug/1</u>	____	<u>&lt;5 ug/1</u>	____	*	0.010
Total Barium	<u>69 ug/1</u>	____	<u>69 ug/1</u>	____	*	0.010
Total Cadmium	<u>&lt;1 ug/1</u>	____	<u>&lt;1 ug/1</u>	____	*	0.001
Total Chromium	<u>&lt;1 ug/1</u>	____	<u>&lt;1 ug/1</u>	____	*	0.010
Trivalent Chromium	<u>&lt;5 ug/1</u>	____	<u>&lt;5 ug/1</u>	____	*	---
Hexavalent Chromium	<u>&lt;5 ug/1</u>	____	<u>&lt;5 ug/1</u>	____	*	0.010
Total Copper	<u>&lt;1 ug/1</u>	____	<u>&lt;1 ug/1</u>	____	*	0.010
Total Lead	<u>&lt;5 ug/1</u>	____	<u>&lt;5 ug/1</u>	____	*	0.005
Total Mercury	<u>&lt;0.025 ug/1</u>	____	<u>&lt;0.025 ug/1</u>	____	*	0.0002
Total Nickel	<u>&lt;1 ug/1</u>	____	<u>&lt;1 ug/1</u>	____	*	0.010
Total Selenium	<u>10.6 ug/1</u>	____	<u>10.6 ug/1</u>	____	*	0.010
Total Silver	<u>&lt;1 ug/1</u>	____	<u>&lt;1 ug/1</u>	____	*	0.002
Total Zinc	<u>4.1 ug/1</u>	____	<u>4.1 ug/1</u>	____	*	0.005

\* Analyses are from one grab sample taken out of the stormwater collection pond. See Item No. 6 on page 7-5. Actual discharges are treated to precipitate metals prior to the discharge event.

[illegible]

Please provide the following data for the storm event(s) which resulted in the maximum values for the analytical data submitted:

- \*Outfall 003 is associated with a controlled-discharge stormwater management pond that was not being discharged during the permit renewal sampling events. The analyses above were obtained from a grab sample of stormwater collected directly from the pond, but not during a storm event.**

5. **POLLUTANT ANALYSIS** (Instructions, page 55)

a. **TABLE 1-SW:** Please complete the table as directed.

Outfall <u>004</u>	MAXIMUM VALUES (mg/L)		AVERAGE VALUES (mg/L)		Number of Storm Events Sampled	MAL (mg/L)
	Grab Sample	Flow	Grab Sample	Flow		
	Taken During First 30 Minutes	Weighted Composite Sample	Taken During First 30 Minutes	Weighted Composite Sample		
Pollutant						
pH (Standard Units)	<u>8.42</u> (min)	____(max)	<u>8.42</u> (min)	____(max)	*	---
Total Suspended Solids	<u>6</u>	____	<u>6</u>	____	*	---
Chemical Oxygen Demand	<u>31</u>	____	<u>31</u>	____	*	---
Total Organic Carbon	<u>9.58</u>	____	<u>9.58</u>	____	*	---
Oil and Grease	<u>&lt;5</u>	____	<u>&lt;5</u>	____	*	---
Total Arsenic	<u>&lt;5 ug/1</u>	____	<u>&lt;5 ug/1</u>	____	*	0.010
Total Barium	<u>113 ug/1</u>	____	<u>113 ug/1</u>	____	*	0.010
Total Cadmium	<u>&lt;1 ug/1</u>	____	<u>&lt;1 ug/1</u>	____	*	0.001
Total Chromium	<u>&lt;1 ug/1</u>	____	<u>&lt;1 ug/1</u>	____	*	0.010
Trivalent Chromium	<u>&lt;5 ug/1</u>	____	<u>&lt;5 ug/1</u>	____	*	---
Hexavalent Chromium	<u>&lt;5 ug/1</u>	____	<u>&lt;5 ug/1</u>	____	*	0.010
Total Copper	<u>&lt;1 ug/1</u>	____	<u>&lt;1 ug/1</u>	____	*	0.010
Total Lead	<u>&lt;5 ug/1</u>	____	<u>&lt;5 ug/1</u>	____	*	0.005
Total Mercury	<u>&lt;0.025 ug/1</u>	____	<u>&lt;0.025 ug/1</u>	____	*	0.0002
Total Nickel	<u>4.7 ug/1</u>	____	<u>4.7 ug/1</u>	____	*	0.010
Total Selenium	<u>41.8 ug/1</u>	____	<u>41.8 ug/1</u>	____	*	0.010
Total Silver	<u>&lt;1 ug/1</u>	____	<u>&lt;1 ug/1</u>	____	*	0.002
Total Zinc	<u>15.6 ug/1</u>	____	<u>15.6 ug/1</u>	____	*	0.005

\* Analyses are from one grab sample taken out of the stormwater collection pond. See Item No. 6 on page 7-5. Actual discharges are treated to precipitate metals prior to the discharge event.

[illegible]

Please provide the following data for the storm event(s) which resulted in the maximum values for the analytical data submitted:

- a. Date of storm event: n/a\*
- b. Duration of storm event (in minutes): n/a\*
- c. Total rainfall during storm event (in inches): n/a\*
- d. Number of hours between beginning of storm measured and end of previous measurable rain event:  
n/a\* hours
- e. Maximum flow rate during rain event (gallons/minute): n/a\*
- f. Total storm water flow from rain event (in gallons): n/a\*
- g. Provide a description of the method of flow measurement or estimate:

Worksheet 8.0, TCEQ-10055 (Revised 10/2004)

5. **POLLUTANT ANALYSIS** (Instructions, page 55)

a. **TABLE 1-SW:** Please complete the table as directed.

Outfall <u>005</u>	MAXIMUM VALUES (mg/L)		AVERAGE VALUES (mg/L)		Number of Storm Events Sampled	MAL (mg/L)
	Grab Sample		Grab Sample			
	Taken During First 30 Minutes	Flow Weighted Composite Sample	Taken During First 30 Minutes	Flow Weighted Composite Sample		
<u>Pollutant</u>	<u>Minutes</u>	<u>Sample</u>	<u>Minutes</u>	<u>Sample</u>		
pH (Standard Units)	<u>7.30</u> (min)	____(max)	<u>7.30</u> (min)	____(max)	*	---
Total Suspended Solids	<u>10</u>	____	<u>10</u>	____	*	---
Chemical Oxygen Demand	<u>28</u>	____	<u>28</u>	____	*	---
Total Organic Carbon	<u>9.94</u>	____	<u>9.94</u>	____	*	---
Oil and Grease	<u>&lt;5</u>	____	<u>&lt;5</u>	____	*	---
Total Arsenic	<u>&lt;5 ug/1</u>	____	<u>&lt;5 ug/1</u>	____	*	0.010
Total Barium	<u>104 ug/1</u>	____	<u>104 ug/1</u>	____	*	0.010
Total Cadmium	<u>&lt;1 ug/1</u>	____	<u>&lt;1 ug/1</u>	____	*	0.001
Total Chromium	<u>&lt;1 ug/1</u>	____	<u>&lt;1 ug/1</u>	____	*	0.010
Trivalent Chromium	<u>&lt;5 ug/1</u>	____	<u>&lt;5 ug/1</u>	____	*	---
Hexavalent Chromium	<u>&lt;5 ug/1</u>	____	<u>&lt;5 ug/1</u>	____	*	0.010
Total Copper	<u>&lt;1 ug/1</u>	____	<u>&lt;1 ug/1</u>	____	*	0.010
Total Lead	<u>&lt;5 ug/1</u>	____	<u>&lt;5 ug/1</u>	____	*	0.005
Total Mercury	<u>&lt;0.025 ug/1</u>	____	<u>&lt;0.025 ug/1</u>	____	*	0.0002
Total Nickel	<u>&lt;1 ug/1</u>	____	<u>&lt;1 ug/1</u>	____	*	0.010
Total Selenium	<u>&lt;5 ug/1</u>	____	<u>&lt;5 ug/1</u>	____	*	0.010
Total Silver	<u>&lt;1 ug/1</u>	____	<u>&lt;1 ug/1</u>	____	*	0.002
Total Zinc	<u>4.7 ug/1</u>	____	<u>4.7 ug/1</u>	____	*	0.005

\* Analyses are from one grab sample taken out of the stormwater collection pond. See Item No. 6 on page 7-5.

**b. TABLE 2-SW:** Please complete the table as directed. (Instructions, Page 55)

[illegible]

**6. STORM EVENT DATA** (Instructions, page 57)

Please provide the following data for the storm event(s) which resulted in the maximum values for the analytical data submitted:

- a. Date of storm event: n/a\*
- b. Duration of storm event (in minutes): n/a\*
- c. Total rainfall during storm event (in inches): n/a\*
- d. Number of hours between beginning of storm measured and end of previous measurable rain event:  
n/a\* hours
- e. Maximum flow rate during rain event (gallons/minute): n/a\*
- f. Total storm water flow from rain event (in gallons): n/a\*
- g. Provide a description of the method of flow measurement or estimate:

**\*Outfall 005 is associated with a controlled-discharge stormwater management pond that was not being discharged during the permit renewal sampling events. The analyses above were obtained from a grab sample of stormwater collected directly from the pond, but not during a storm event.**

**ATTACHMENT A**

**ORIGINAL USGS TOPOGRAPHIC MAP**